**ELECTION FOR one parent LSB member**

**at Haggerston School**

**NOMINATION FORM**

**THIS FORM TO BE RETURNED TO MS SCALCO, PA TO THE CO-HEADTEACHERS AT malissa.scalco@haggerston.hackney.sch.uk, OR YOU CAN DROP A PRINTED PAPER COPY INTO THE MAIN SCHOOL OFFICE.**

**NOMINEES SHOULD ATTACH A SHORT STATEMENT (OF NOT MORE THAN 150 WORDS) EXPLAINING WHY THEY WISH TO BECOME A PARENT LSB MEMBER. THIS WILL BE USED IN THE EVENT OF A BALLOT BEING NECESSARY.**

**PLEASE NOTE THAT IF YOU ARE EMPLOYED IN THE SCHOOL FOR MORE THAN 500 HOURS PER ACADEMIC YEAR YOU ARE NOT ELIGIBLE TO STAND FOR ELECTION AS A PARENT LSB MEMBER.**

I hereby nominate\* SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please delete as appropriate: Dr/Mr/Mrs/Ms/Miss

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL. NO. (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL. NO. (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL. NO (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who is parent/guardian of (Name/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PROPOSER** | **SECONDER** (must be a parent of a child currently at Haggerston School) |
| Name: | Name: |
| Address: | Address: |
| Name of child: | Name of child: |
| Signature: | Signature: |

\*Eligibility to be a LSB member

There are regulations which apply to bankruptcy, criminal convictions and other factors. Details can be obtained from the Head of Governance. Please note that in order to comply with new DfE requirements concerning persons working with children and young people under 18, successful candidates will be asked to sign a declaration form (see overleaf) and provide proof of identity in order that clearance as to their suitability may be obtained.

**DECLARATION FORM**

Name:

Address:

Postcode:

Tel: (home) ( )

 (work) ( )

School:

An LSB member must be aged 18 or over at the time of their election or appointment and cannot be a registered pupil at the school. A person is disqualified from holding or from continuing to hold office as a LSB member if he or she:

* fails to attend the governing body meetings – without the consent of the governing body – for a continuous period of six months, beginning with the date of the first meeting missed (not applicable to ex-officio LSB members). This disqualification lasts for six months;
* is subject to a bankruptcy restriction order or an interim order;
* has had their estate sequestrated and the sequestration order has not been discharged, annulled or reduced;
* is subject to:
	+ - a disqualification order or disqualification undertaking under the Company Directors Act 1986
		- a disqualification order under Part 2 of the Companies (Northern Ireland) Order 1989
		- a disqualification undertaking accepted under the Company Directors Disqualification (Northern Ireland) Order 2002
		- an order made under section 492(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order);
* has been removed from the office of charity trustee or trustee for a charity by the Charity Commissioners or High Court on grounds of any misconduct or mismanagement, or under Section 34 of the Charities and Trustees Investment (Scotland) Act 2005 from participating in the management or control of any body;
* is included in the list of people considered by the Secretary of State as unsuitable to work with children;
* is barred from any related activity relating to children
* is disqualified from working with children or subject to a direction under section 142 of the Education Act 2002;
* is disqualified from registration for childminding or providing day care;
* Is disqualified from registration under Part 3 of the Childcare Act 2006;
* Is disqualified from being an independent school proprietor, teacher or employee by the Secretary of State;
* has received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) in the five years before becoming a LSB member or since becoming a LSB member;
* has received a prison sentence of 2.5 years or more in the 20 years before becoming a LSB member;
* has at any time received a prison sentence of five years or more;
* has been fined for causing a nuisance or disturbance on school premises during the five years prior to or since appointment or election as a LSB member;
* refuses to allow an application to the Criminal Records Bureau for a criminal records certificate;
* has been an elected parent or staff LSB member and removed from the Board during their term of office within the past five years.

I confirm that I am not disqualified from serving because of the criteria listed above.

I confirm that in the event that I am elected/appointed I will notify the Headteacher and Chair of the Local School Board immediately should I become disqualified during my term of office.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

If information submitted on this form is inaccurate, the named person will be disqualified from LSB membership immediately. If the named person’s circumstances change in relation to any of the statements above, the Headteacher and Chair of the LSB should be informed forthwith.

##### **Parent LSB member Nominee - Personal Statement**

Please note that this page will be sent to all parents as support for your nomination*.*

Please complete this form in no more than 150 words. This form may not be altered in any way.

**If your statement exceeds 150 words, any surplus words that exceed the 150 will be omitted from your statement from the beginning of the sentence containing the surplus words.** If you do not submit a statement then, should the election go to a ballot, your nomination will be included without a supporting statement.

Please provide this personal statement in electronic format. If you have issues completing the form then an electronic or printed form can be requested from the school office.

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| **Full name (including title)** |  |

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| **My reasons for wanting to be a parent LSB member, including the skills and qualities I could bring to the local school board*.***  |
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